

**CITY OF MANKATO, CITY CLERKS OFFICE, 10 CIVIC CENTER PLAZA,
P.O. BOX 3368, MANKATO, MN 56002-3368**

**NEW APPLICATION FOR RENTAL LICENSE
LICENSE WILL NOT BE PROCESSED UNLESS APPLICATION IS FILLED OUT IN FULL
AND RETURNED WITH PAYMENT**

(Please Type or Print Clearly)

ADDRESS OF RENTAL UNIT: _____

NAME OF OWNER: _____ PHONE # _____
(first) (middle) (last)

ADDRESS: _____ DATE OF BIRTH: _____
(street address) (city) (state) (zip)

(Please include previous addresses for three years prior to date of application)

PREVIOUS ADDRESS: _____ DATES: ____ to ____
(street address) (city) (state) (zip)

PREVIOUS ADDRESS: _____ DATES: ____ to ____
(street address) (city) (state) (zip)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ____ YES ____ NO

MANKATO CITY CODE requires a local agent if owner does not live within a 30-mile radius of the City as measured from the Veterans Memorial Bridge. License holders or agents residing in the 30-mile limitation who are not served by the local dialing service, shall provide toll-free telephone access to all tenants and City staff.

NAME OF AGENT (if any): _____ PHONE # _____
(first) (middle) (last)

ADDRESS: _____ DATE OF BIRTH: _____
(street address) (city) (state) (zip)

****Note if owner or agent is a business, include the above information for the principals****

REFUSE HAULER: _____ RECYCLING HAULER: _____
(Required in Triplexes and larger)

**READ THE FOLLOWING CAREFULLY BEFORE CHECKING WHICH TYPE OF RENTAL UNIT APPLIES
CHECK ONE ONLY AND COMPLETE QUESTIONS FOR THAT SECTION**

_____ SINGLE OR TWO FAMILY DWELLING _____ Single-family _____ Two-family
Number of bedrooms in unit #1 _____ Number of bedrooms in unit #2 _____
Size of bedrooms (sq. feet) in unit #1: room 1 _____ room 2 _____ room 3 _____ room 4 _____ room 5 _____
Size of bedrooms (sq. feet) in unit #2: room 1 _____ room 2 _____ room 3 _____ room 4 _____ room 5 _____

R-1 & R-2 Zoning Districts. Two off-street parking stalls are required for each dwelling unit.

Other Residential Districts. Bedroom sizes in each unit are used in calculating off-street parking stalls (each bedroom is considered separately). Failure to meet parking requirement will not permit a rental license. The formula for required parking is as follows:

Bedroom Square Footage	Parking Stalls Required
70 to 119	1
120 to 169	2
170 to 219	3
220 to 269	4
270<	5

Tandem parking is not allowed in R-1 zoning districts. Limited tandem parking is allowed in other zoning districts. Parking areas are limited to 35% of the front and rear yards. No required parking is allowed in side yards. Size of parking stall = 9' x 19' plus driveway. Minimum of two and maximum of five parking stalls required per dwelling unit. All parking areas and driveways must be hardsurfaced with concrete or asphalt. Recycled asphalt is not an acceptable method of hardsurfacing.

If the property is located in an R-1 or R-2 District the occupancy of the property is limited to Family -Traditional OR Family – Functional. Other types of occupancies are NOT allowed in the R-1 and R-2 Districts. (See definitions below)

1. Family - Traditional. A traditional family means one or more persons related by blood or marriage residing in a single dwelling unit.
2. Family - Functional. A functional family means a collective group of unrelated persons residing in a single dwelling unit, limited to not more than two adult persons, together with their traditional family members of any age.

I have read the above and understand the occupancy limits associated with this property _____.

MORE ON THE OTHER SIDE – MAKE SURE TO READ AND COMPLETE ALL INFORMATION →

_____ APARTMENT(S) (TRIPLEX, FOURPLEX, OR GREATER)
Two parking stalls required for each unit, 9' x 18' plus driveway.
Number of units _____
Number of units which are (1 bdrm _____ 2 bdrm _____ 3 bdrm _____ Other _____)
Number of stories: _____ Any unit owner occupied? _____ Yes _____ No If yes, which unit? _____

_____ MOBILE HOME - Number of bedrooms _____ Size of structure _____
Is this owner occupied? _____ Yes _____ No Do renters share any common areas? _____ Yes _____ No
If yes, which areas? _____
Number of bedrooms rented: _____

FOR ALL APPLICATIONS:

- 1. SCALED FLOOR PLAN IS REQUIRED – ATTACH COPY. MINIMUM 8 ½ " X 11" PLAN SIZE.**
- 2. SCALED SITE PLAN IS REQUIRED. DEPICT THE LOCATION OF PARKING STALLS ON THE PROPERTY, DISTANCE TO PROPERTY LINE, SIZE OF PARKING STALLS – ATTACH COPY. MINIMUM 8 ½" X 11" PLAN SIZE.**

I hereby certify that all information contained herein is true and accurate. I hereby grant permission of the City of Mankato to make inspections of the structure listed herein to determine its compliance with City Codes. I agree to maintain the premises to standards, which are set forth by the City of Mankato. I understand that failure to complete the necessary code requirements within one (1) year from the date of the initial inspection will result in my application being withdrawn and voided.

I hereby certify that the agent listed herein (if any) is authorized to receive summons and complaints on behalf of the owner. The owner and /or agent agree to promptly notify the City of any change in agent or transfer of ownership.

I certify that I have requested a background check for the agent/property manager listed on this application, pursuant to MN Statutes § 299C.68.

I understand that payment made with this application has been accepted for the purpose of applying for a rental license and that such acceptance does not constitute an automatic granting of a rental license. The rental of the property is not permitted until final inspection has been performed and approved by the City. I also understand that the application fee will not be refunded if a rental license is denied due to failure of the property to comply with the Zoning Ordinance or the Housing Code. Application will not be processed without signatures and required plans.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____ DATE: _____

ZONING ADMINISTRATOR: The property is located in a _____ zoning district. (In R-1 & R-2 zoning districts the occupancy is limited to Family – Traditional or Family – Functional)
Maximum number of dwelling units allowed on the property _____.
Number of conforming parking stalls located on the property: _____.
A variance was (granted) (denied) for _____ (attached letter)

Inspected by _____ Date: _____

BUILDING INSPECTOR: The structure has been inspected and is in compliance with the City's Housing Code.
A variance was granted for _____ (attached letter)

Inspector: _____ Date: _____

CITY CLERK: The rental license for this property was issued on _____

TO CASHIERS: This is a NEW RENTAL application. Ring up payment. There should not be a license in the file for this property. If there is, immediately notify the City Clerk.

DATE PAID: _____

AMOUNT PAID: _____